

MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

=62-002101

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 562

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
James W. Downey
SHOULD READ
ITEM NO.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 11 Years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 141 West 85th Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle Joseph Last Walter				4. DATE OF DEATH Month January Day 28th Year 1962					
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/2/78		9. AGE (last birthday) 83 Years	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY A. F. Ray, St. Joseph, Mo.		11. BIRTHPLACE (City and state or country) Mannheim, Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME Ferdinand Walter			13b. MOTHER'S MAIDEN NAME Caroline Fischer			14. NAME OF HUSBAND OR WIFE Minnie C. Walter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. [REDACTED]			17. INFORMANT Address Jack W. Walter, 141 W. 85th Street			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis DUE TO (b) Acute Cardiac Failure DUE TO (c) Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Oremia; and Chronic Caseous Granuloma Right Lung Apex								INTERVAL BETWEEN ONSET AND DEATH 12 Days 10 Days 4 Years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Jan. 13, 1953 to Jan. 28, 1962 and last saw him alive on Jan. 28, 1962 Death occurred at 11:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) James W. Downey M.D.				22b. ADDRESS 425 East 63rd Street				22c. DATE SIGNED 28 Jan 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 30, 1962		23c. NAME OF CEMETERY OR CREMATORY 22 Ashland Cemetery		23d. LOCATION (City, town, or county) St. Joseph Missouri		(State)	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS 1331 Brush Creek Blvd.				25. DATE RECD. BY LOCAL REG. 1-30-62		26. REGISTRAR'S SIGNATURE Ruth Long			

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3035

P. O. Address St. Catharines

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.